



Department of Veterans Affairs

INCENTIVE AWARDS PROGRAM
EMPLOYEE SUGGESTION

SUGGESTION NO.

DATE RECEIVED

TO VA EMPLOYEES - An idea which contributes directly to economy, efficiency, or mission effectiveness is always needed. Describe yours on this form and submit it to the Incentive Awards Officer. It will be eligible for award consideration for 2 years following the initial decision. After that period, you must resubmit it to keep it active.

Information is requested on this form under authority of Chapter 45, Title 5, United States Code, and will be used to determine your eligibility for a cash award and to evaluate and process your suggestion. Disclosure is voluntary. However, failure to provide some of this information may delay or prevent the processing of your suggestion.

SUBJECT OF SUGGESTION

YOUR NAME (Type or print, Show Mr., Miss, Mrs., or Ms.)

SOCIAL SECURITY NO.

TITLE OR POSITION

GRADE

WORKSHIFT

TELEPHONE EXT.

UNIT, SECTION, DIVISION, ETC.

MAIL ROUTING SYMBOL

NAME AND LOCATION OF STATION

STATE YOUR PROPOSAL HERE. Be sure to --

- Describe the present procedure, condition, etc., that you think should be improved or changed.
- Give your **SPECIFIC** recommendation for improvement or change, telling **HOW** as well as **WHAT** should be done.
- Show the savings and benefits you think will result if your idea is adopted, giving facts and figures where possible.

(If you need more space, continue on reverse or attach separate sheet.)

I hereby certify that acceptance of a cash award constitutes an agreement that the use of this suggestion by the Government will not form the basis of a further claim of any nature upon the United States by me, my heirs, or assigns.

YOUR SIGNATURE

DATE

VA FORM
MAR 1993(R) **3951**

JetForm

Suggester -- DO NOT detach this stub. Complete ONLY your name and address below

EMPLOYEE SUGGESTION ACKNOWLEDGMENT

SUGGESTION NUMBER

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Thank you for your suggestion.

- ☐ It has been assigned the above number. You will be advised as to the action taken.
- ☐ Subject does not meet the criteria for the suggestion system. It has been routed through administrative channels.
- ☐ Other (Specify)

DATE RECEIVED

MAIL ROUTING SYMBOL

NOTE TO SUGGESTER

- ◀ In the space provided at the left, please type or print your name and address or mail routing symbol to which you wish
- ◀ acknowledgment sent.

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